| Fill in this information to identify your case: | |
|-------------------------------------------------|--------------------------------------------------------------------|
| United States Bankruptcy Court for the: | |
| Northern District of Ohio | |
| ✓ Cha ☐ Cha ☐ Cha | r you are filing under: oter 7 oter 11 oter 12 oter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: | Identify | Yourself |
|---------|----------|----------|

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Donna First name A Middle name Judson Last name Suffix (Sr., Jr., II, III) | First name Middle name Last name Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx - xx - 4 2 1 0 OR 9 xx - xx | xxx - xx |

| Donna A Judson | | | Case number (if known) |
|----------------|-------------|-----------|------------------------|
| First Name | Middle Name | Last Name | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|-------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in | | I have not used any business names or EINs. | ☐I have not used any business names or EINs. |
| | the last 8 years | Business name | Business name |
| | Include trade names and doing business as names | Business name | Business name |
| | | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 3142 Park Drive | |
| | | Number Street | Number Street |
| | | Stow OH 44224 | |
| | | City State ZIP Code Summit County | City State ZIP Code |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| | | City State ZIP Code | City State ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: V Over the last 180 days before filing this petition, I | Check one: Over the last 180 days before filing this petition, I |
| | bankruptcy | have lived in this district longer than in any other district. | have lived in this district longer than in any other district. |
| | | I have another reason. Explain. | ☐ I have another reason. Explain. |
| | | (See 28 U.S.C. § 1408.) | (See 28 U.S.C. § 1408.) |
| | | | |
| | | | |
| | | | |

Debtor 1

Debtor 1

| Pa | art 2: Tell the Court A | bout Yo | ur Bankruptcy Ca | ase | | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 7. | The chapter of the Bankruptcy Code you | Che for | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | are choosing to file under | V | Chapter 7 | | | | | |
| | under | | Chapter 11 | | | | | |
| | | | Chapter 12 | | | | | |
| | | | Chapter 13 | | | | | |
| 8. | How you will pay the fe | | local court for monyourself, you may submitting your pa with a pre-printed a linear to pay the Application for Individual linear that my By law, a judge maless than 150% of pay the fee in install. | re details about how you pay with cash, cashier' ayment on your behalf, yaddress. fee in installments. If fividuals to Pay The Filipite fee be waived (You may, but is not required to the official poverty line | u may pa s check, your attor you choo ng Fee in ay reque o, waive y that apple this opti | y. Typically or money or may pose this option of the control of th | ck with the clerk's office in your of, if you are paying the fee order. If your attorney is ay with a credit card or check ion, sign and attach the order (Official Form 103A). On only if you are filing for Chapter of may do so only if your income family size and you are unable to set fill out the Application to Have with your petition. | is O |
| 9. | Have you filed for bankruptcy within the | Vo | | | | | | |
| | last 8 years? | Yes. | District | | | When | Case number | |
| | | | District | | | When | Case number | |
| | | | District | | | When | Case number | |
| 10 | Are any bankruptcy cases pending or being filed by a spouse who not filing this case with you, or by a business partner, or by an | is ∐ n | Yes. | | | F | Relationship to you | |
| | partition, or by an | | | | | | Case number, if known | |
| | | | | | | | | |
| | | | | | | | elationship to you | |
| | <u> </u> | District | | | When _ | | Case number, if known | |
| 11. | Do you rent your residence? | | No. Go to line 12. Yes. Has your landl | lord obtained an eviction ju | udgment a | gainst you? | | |
| | | | No. Go to | line 12. | | | | |
| | | | | ut <i>Initial Statement About a</i> uptcy petition. | an Evictioi | n Judgment . | Against You (Form 101A) and file it w | vith |

| Pa | rt 3: Report About Any E | usinesses You Own as a Sole Proprietor |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. | Are you a sole proprietor of any full- or part-time business? | No. Go to Part 4. Yes. Name and location of business |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | Name of business, if any Number Street |
| | If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | City State ZIP Code |
| | | Oity State ZIF Code |
| | | Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) |
| | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☐ None of the above |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> <i>debtor</i> or a debtor as | If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). |
| | defined by 11 U.S. C. § 1182(1)? | No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |
| | For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D). | Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. |
| | | Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankrutpcy Code, and I choose to proceed under Subchatper V of Chapter 11. |
| Pa | rt 4: Report if You Own | or Have Any Hazardous Property or Any Property That Needs Immediate Attention |
| | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs | Yes. What is the hazard? |
| | immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | If immediate attention is needed, why is it needed? |

Official Form 101

that needs urgent repairs?

Where is the property?

Part 5:

Explain Your Effor

Last Name

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities

| rts | s to Receive a Bri | efing About Credit Counseling | |
|-----|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| | You must check one | 9: | You must check one: |
| | counseling age | efing from an approved credit ency within the 180 days before I uptcy petition, and I received a empletion. | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. |
| | | the certificate and the payment you developed with the agency. | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. |
| | counseling age | efing from an approved credit ency within the 180 days before I uptcy petition, but I do not have a empletion. | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. |
| | | after you file this bankruptcy petition, copy of the certificate and payment | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. |
| | services from a unable to obtain days after I made | sked for credit counseling in approved agency, but was in those services during the 7 de my request, and exigent merit a 30-day temporary waiver ent. | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. |
| | requirement, atta what efforts you you were unable | day temporary waiver of the ach a separate sheet explaining made to obtain the briefing, why to obtain it before you filed for what exigent circumstances file this case. | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. |
| | dissatisfied with | oe dismissed if the court is your reasons for not receiving a ou filed for bankruptcy. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. |
| | still receive a bri You must file a c agency, along w | tisfied with your reasons, you must efing within 30 days after you file. certificate from the approved ith a copy of the payment plan you y. If you do not do so, your case ed. | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. |
| | | f the 30-day deadline is granted nd is limited to a maximum of 15 | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| | I am not require credit counseling | ed to receive a briefing about ng because of: | I am not required to receive a briefing about credit counseling because of: |
| | ☐ Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. |
| | Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. |
| | Active duty. | I am currently on active military | Active duty. I am currently on active military |

duty in a military combat zone.

duty in a military combat zone.

Page 5 of 56

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

| Part 6: Answer These Que | stions for Reporting Purpose: | s | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| 16. What kind of debts do you have? | as "incurred by an individual No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily | primarily for a personal, family y business debts? Busine estment or through the operation | ess debts are debts that you incurred to obtain on of the business or investment. | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | administrative expenses No | 7. Do you estimate that after | any exempt property is excluded and ailable to distribute to unsecured creditors? | |
| 18. How many creditors do you estimate that you owe? | 1-49 50-99 100-199 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 mill \$100,000,001-\$500 mill | on \$1,000,000,001-\$10 billion ion \$\$10,000,000,001-\$50 billion | |
| 20. How much do you estimate your liabilities to be? Part 7: Sign Below | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 mill \$100,000,001-\$500 mill | on \$1,000,000,001-\$10 billion ion \$\$10,000,000,001-\$50 billion | |
| - | I have examined this petition, and | d I declare under penalty of pe | rjury that the information provided is true and | |
| For you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out | | | |
| | this document, I have obtained ar | nd read the notice required by | 11 U.S.C. § 342(b). | |
| | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | |
| | 🗶 /s/ Donna A Judson | × | | |
| | Signature of Debtor 1 | | Signature of Debtor 2 | |
| | Executed on | | | |

Page 6 of 56

Donna A Judson Debtor 1

First Name Middle Name Last Name Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Ronald Cappellazzo | Date | 10/15/2021 | | |
|----------------------------------|----------------------|----------------|--|--|
| Signature of Attorney for Debtor | | MM / DD /YYYY | | |
| Ronald Cappellazzo | | | | |
| Printed name | | | | |
| Owings Law, LLC | | | | |
| Firm name | | | | |
| 122 Broad Blvd. | | | | |
| Number Street | | | | |
| Suite 300 | | | | |
| Cuyahoga Falls | ОН | 44221 | | |
| City | State | ZIP Code | | |
| Contact phone 3308004705 | Email address ron@lo | dowingslaw.com | | |
| 0042510 | ОН | | | |
| Bar number | State | _ | | |
| | | | | |

| Fill in this information to identify your case: | | | |
|-------------------------------------------------------------------|----------------|-------------|-----------|
| Debtor 1 | Donna A Judson | | |
| 20210 | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Northern District of Ohio | | | |
| Case number | | | |
| | (If known) | | |

| Check if this is ar |
|---------------------|
| amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ 132,090.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ 17,467.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ <u>149,557.00</u> |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$23,546.41 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$73,334.25 |
| Your total liabilities | \$ <u>96,880.66</u> |
| Part 3: Summarize Your Income and Expenses | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ <u>4,134.79</u> |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | _{\$} 4,127.00 |

Middle Name Last Name Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records

| 6. | Are you filing fo | r bankruptcy under | Chapters 7, 11, or 13? |
|----|-------------------|--------------------|------------------------|
|----|-------------------|--------------------|------------------------|

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☑ Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,441.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim |
|------------------------------------------------------------------------------------------------------------------------------|-------------|
| From Part 4 on <i>Schedule E/F</i> , copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ |
| 9d. Student loans. (Copy line 6f.) | \$ |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ |
| 9g. Total. Add lines 9a through 9f. | \$ |

| Fill in this information to identify your case and | this filing: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Debtor 1 Donna A Judson | | |
| First Name Middle Name L Debtor 2 | Name | |
| (Spouse, if filing) First Name Middle Name | Last Name | |
| United States Bankruptcy Court for the: Northern Dis Ohio | trict of | _ |
| Case number | | ☐ Check if this is an amended |
| (if know) | | filing |
| Official Form 106A/B | | |
| | -4 | 42/45 |
| Schedule A/B: Proper | ту | 12/15 |
| category where you think it fits best. Be as com responsible for supplying correct information. I write your name and case number (if known). A | ems. List an asset only once. If an asset fits in mo plete and accurate as possible. If two married peo f more space is needed, attach a separate sheet to nswer every question. ng, Land, or Other Real Estate You Own or | ople are filing together, both are equally o this form. On the top of any additional pages |
| | | |
| Do you own or have any legal or equitable in No. Go to Part 2 | terest in any residence, building, land, or similar | property? |
| Yes. Where is the property? | | |
| | What is the property? Check all that apply | |
| 1.1 3142 Park Drive Street address, if available, or other description | — ✓ Single-family home | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> : |
| | Duplex or multi-unit building | Creditors Who Have Claims Secured by Property: |
| Stow OH 44224 | Condominium or cooperative Manufactured or mobile home | Current value of the entire property? Current value of the portion you own? |
| Stow OH 44224 City State ZIP Code | Land | \$ <u>132,090.00</u> \$ <u>132,090.00</u> |
| Sity State Zii Sode | ☐ Investment property ☐ Timeshare | Describe the nature of your ownership |
| Summit County | Other | interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |
| Country | Who has an interest in the property? Check | Fee simple |
| | one ☑ Debtor 1 only | Check if this is community property |
| | Debtor 2 only | _ |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | |
| | Other information you wish to add about this | item, such as local |
| | property identification number: | |
| | or all of your entries from Part 1, including any entric | |
| you have attached for r art 1. Write that humb | er nere | Ψ152,050.00 |
| Part 2: Describe Your Vehicles | | |
| | terest in any vehicles, whether they are registered vehicle, also report it on Schedule G: Executory C | |
| 3. Cars, vans, trucks, tractors, sport utility ve☐ No☑ Yes | hicles, motorcycles | |
| _ | | |
| | | |
| | | |
| | | |
| | | |

| Debtor | 1 Donna A Judson First Name Middle Name Last Name | - | Case number(if known) | |
|-------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. | 1 Make: Dodge Model: Journey Year: 2018 Approximate mileage: 62,000 Other information: Condition: Good; | Who has an interest in the property? Check one ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions) | Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the entire property? \$ 15,697.00 | ms on <i>Schedule D:</i> |
| | | other recreational vehicles, other vehicles, and a creaft, fishing vessels, snowmobiles, motorcycle acc | | |
| 5. <u>y</u> | you have attached for Part 2. Write that number | nll of your entries from Part 2, including any entrienthere | s for pages | \$15,697.00 |
| Part | 3: Describe Your Personal and House | noia items | | |
| Do y | ou own or have any legal or equitable interes | t in any of the following? | | Current value of the portion you own? |
| 6. | Household goods and furnishings | | | Do not deduct secured |
| | Examples: Major appliances, furniture, linens, chi | na, kitchenware | | claims or exemptions. |
| | □ No | | | |
| | Yes. Describe | | | |
| | Household Goods and Furnishings | | | \$ 600.00 |
| 7. | Electronics | | | |
| | | tereo, and digital equipment; computers, printers, sca g cell phones, cameras, media players, games | nners; music | |
| | No ✓ Yes. Describe | | | |
| | Television, Laptop computer and cellular telephor | ne | | \$ <u>550.00</u> |
| 8. | Collectibles of value | | | |
| | Examples: Antiques and figurines; paintings, print stamp, coin, or baseball card collection | s, or other artwork; books, pictures, or other art objects; other collections, memorabilia, collectibles | ts; | |
| | ✓ No ☐ Yes. Describe | | | |
| 9. | Equipment for sports and hobbies | | | |
| | and kayaks; carpentry tools; musical in | her hobby equipment; bicycles, pool tables, golf clubs astruments | s, skis; canoes | |
| | ✓ No ☐ Yes. Describe | | | |
| 10. | Firearms | and related a suinmount | | |
| | Examples: Pistols, rifles, shotguns, ammunition, a No | ind related equipment | | |
| | Yes. Describe | | | |
| 11. | Clothes | | | |
| | Examples: Everyday clothes, furs, leather coats, € | designer wear, shoes, accessories | | |
| | Yes. Describe | | | |
| | Miscellaneous clothing | | | \$ <u>500.00</u> |
| 12. | Jewelry | | | _ |
| | • | gagement rings, wedding rings, heirloom jewelry, wa | ches, gems | |
| | ☑ No | | | |

Yes. Describe...

| ebtor | 1 Donna A Judson First Name Middle Name Last Na | ame (| Case number(if known) | | |
|--------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|------------|
| 10 | Nan fama animala | | | | |
| 13. | Non-farm animals | | | | |
| | Examples: Dogs, cats, birds, horses | | | | |
| | ✓ No ☐ Yes. Describe | | | | |
| 14. | Any other personal and household | d items you did not already list, including any health aids you | did not list | | |
| | ✓ No | | | | |
| | Yes. Give specific information | | | | |
| 15. <i>F</i> | add the dollar value of the portion yo | u own for all of your entries from Part 3, including any entries fo | r pages | | |
| У | ou have attached for Part 3. Write th | at number here | | .> | \$1,650.00 |
| | | | | | |
| Part | 4. Describe Your Financial A | ssets | | | |
| _ | | | | Current valu | o of the |
| Do y | ou own or have any legal or equitab | ole interest in any of the following? | | portion you | |
| | | | | Do not deduc | |
| 16. | Cash | | | claims or exe | ilipuolis. |
| | Examples: Money you have in your wa | allet, in your home, in a safe deposit box, and on hand when you file y | our petition | | |
| | □No | | · | | |
| | _ | | sh | \$ 10.00 | |
| 17. | Deposits of money | | | · | |
| | Examples: Checking, savings, or othe | r financial accounts; certificates of deposit; shares in credit unions, bros. If you have multiple accounts with the same institution, list each. | okerage houses | | |
| | □No | | | | |
| | ✓ Yes | Institution name: | | | |
| | 17.1. Checking account: | Huntington Bank | | \$ <u>110.00</u> | |
| 18. | Bonds, mutual funds, or publicly t | raded stocks | | | |
| | Examples: Bond funds, investment ac | counts with brokerage firms, money market accounts | | | |
| | ✓ No | | | | |
| | Yes | | | | |
| 19. | Non-publicly traded stock and into an LLC, partnership, and joint ven | erests in incorporated and unincorporated businesses, includi ture | ing an interest in | | |
| | ☑ No | | | | |
| 20 | Yes. Give specific information abou | | | | |
| 20. | • | and other negotiable and non-negotiable instruments | | | |
| | - | al checks, cashiers' checks, promissory notes, and money orders. you cannot transfer to someone by signing or delivering them. | | | |
| | No | et the me | | | |
| 21 | Yes. Give specific information about Retirement or pension accounts | it them | | | |
| | • | eogh, 401(k), 403(b), thrift savings accounts, or other pension or profit | t-sharing plans | | |
| | ✓ No | oogii, 101(i), 100(b), alline caviligo accounte, of caller perioleir of prom | . Sharing plans | | |
| 00 | Yes. List each account separately | | | | |
| 22. | · · · | ts u have made so that you may continue service or use from a comp prepaid rent, public utilities (electric, gas, water), telecommunication | • | | |
| | ✓ No | | | | |
| 23 | Yes Annuities (A contract for a periodic.) | payment of money to you, either for life or for a number of years) | | | |
| _0. | No | paymon or money to you, clurer for the or for a number of years) | | | |
| | Yes | | | | |
| | _ | | | | |
| | | | | | |

| Donna A | Judson | | |
|------------|-------------|-----------|--|
| First Name | Middle Name | Last Name | |

| 24. | Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified | ed state tuition | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------|----------|
| | program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | | | |
| | ☑ No ☐ Yes | | | |
| 25. | Trusts, equitable or future interests in property (other than anything listed in line 1), and rig exercisable for your benefit | hts or powers | | |
| | ☑ No | | | |
| 26. | Yes. Give specific information about them Patents, copyrights, trademarks, trade secrets, and other intellectual property | | | |
| | Examples: Internet domain names, websites, proceeds from royalties and licensing agreements | | | |
| | ☑ No | | | |
| 07 | Yes. Give specific information about them | | | |
| 27. | Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, profe | secional licenses | | |
| | ✓ No | ssional licenses | | |
| | Yes. Give specific information about them | | | |
| Mone | y or property owed to you? | | Current value portion you o | |
| | | | Do not deduct s | |
| 28. | Tax refunds owed to you | | claims or exem | ptions. |
| | ✓ No | | | |
| | \square Yes. Give specific information about them, including whether you already filed the returns and the \square | ax years | | |
| | | Federal: | \$ 0.00 | |
| | | State: Local: | \$ <u>0.00</u> \$ 0.00 | |
| 29. | Family support | | | |
| | Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settler | ment, property settlement | | |
| | ☑ No | | | |
| | Yes. Give specific information | | | |
| 30. | Other amounts someone owes you | | | |
| | Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, wo Social Security benefits; unpaid loans you made to someone else | rkers' compensation, | | |
| | ✓ No ☐ Yes. Give specific information | | | |
| 31. | Interests in insurance policies | | | |
| | ✓ No✓ Yes. Name the insurance company of each policy and list its value | | | |
| 32. | Any interest in property that is due you from someone who has died | | | |
| | ☑ No | | | |
| | Yes. Give specific information | | | |
| 33. | Claims against third parties, whether or not you have filed a lawsuit or made a demand for | payment | | |
| | ✓ No ☐ Yes. Give specific information | | | |
| 34. | Other contingent and unliquidated claims of every nature, including counterclaims of the do off claims | ebtor and rights to set | | |
| | ✓ No ☐ Yes. Give specific information | | | |
| 35. | Any financial assets you did not already list | | | |
| | ✓ No | | | |
| 26 | Yes. Give specific information | es for nages | | |
| | add the dollar value of the portion you own for all of your entries from Part 4, including any entric ou have attached for Part 4. Write that number here | | > | \$120.00 |
| Part | 5: Describe Any Business-Related Property You Own or Have an Interest In. Li: | st anv real estate in | Part 1. | 1 |
| | | | | |

21-51479-amk Doc 1 FILED 10/20/21 ENTERED 10/20/21 15:28:39 Page 13 of 56 page 4 of 5

| Debtor 1 | Donna A Judson First Name Middle Name Last Name | | Case num | ber(if known) |
|-----------------|---------------------------------------------------------------------------------|------------------------------|----------------------------------------|---------------|
| | you own or have any legal or equita No. Go to Part 6. Yes. Go to line 38. | ble interest in any busine | ss-related property? | |
| Part 6: | Describe Any Farm- and Comilifyou own or have an interest in farm | | d Property You Own or Have an Int | terest in. |
| ✓ | you own or have any legal or equita No. Go to Part 7. Yes. Go to line 47. | .ble interest in any farm- o | r commercial fishing-related property? | |
| | Describe All Property You Own | | That You Did Not List Above | |
| | amples: Season tickets, country club mer | | | |
| ō | No Yes. Give specific information | | | |
| 54. Add | the dollar value of all of your entries f | rom Part 7. Write that numb | per here | \$0.00 |
| Part 8: | List the Totals of Each Part of | this Form | | |
| 55. Pa r | t 1: Total real estate, line 2 | | ······ | \$132.090.00 |
| 56. Pa r | t 2: Total vehicles, line 5 | | \$ <u>15,697.00</u> | · |
| 57. Pa r | t 3: Total personal and household item | ıs, line 15 | \$ <u>1,650.00</u> | |
| 58. Pa r | t 4: Total financial assets, line 36 | | \$ <u>120.00</u> | |

\$ 0.00

\$ 0.00

\$ 17,467.00

Copy personal property total>

+ \$ 0.00

59. Part 5: Total business-related property, line 45

61. Part 7: Total other property not listed, line 54

60. Part 6: Total farm- and fishing-related property, line 52

62. Total personal property. Add lines 56 through 61

63. Total of all property on Schedule A/B. Add line 55 + line 62

17,467.00 \$ 149,557.00

| Fill in this information to identify your case: | | | | |
|-------------------------------------------------------------------|----------------|-------------|-----------|---|
| Debtor 1 | Donna A Judsor | 1 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: Northern District of Ohio | | | | |
| Case number(If known) | | | | · |

Identify the Drenewty Vey Oleim as Evenment

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------|--|--|
| Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | |
| 2. For any property you list on Schedule A/B th | nat you claim as exempt, fill i | n the information below. | | | |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | |
| | Copy the value from Schedule A/B | Check only one box for each exemption | | | |
| 3142 Park Drive Brief description: Line from | \$_132,090.00 | \$\frac{145,425.00}{100\% of fair market value, up to any applicable statutory limit | 2329.66(A)(1) | | |
| Schedule A/B: 1.1 2018 Dodge Journey Brief description: Line from Schedule A/B: 3.1 | \$_15,697.00 | \$\frac{4,000.00}{100\% of fair market value, up to any applicable statutory limit | 2329.66(A)(2) | | |
| Brief Household Goods - Household Goods and Furnishings Line from Schedule A/B: 6 | <u>\$_600.00</u> | ✓ \$ 600.00 ☐ 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) | | |
| 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) ☑ No ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ No ☐ Yes | | | | | |

Part 2:

Additional Page

| | Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | exemption you claim | Specific laws that allow exemption |
|-------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Line | cription: from _ | \$ <u>550.00</u> | | 2329.66(A)(4)(a) |
| Brief desc | Clothing - Miscellaneous clothing | \$ <u>500.00</u> | \$ 500.00 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Line | Cash on Hand (Cash on Hand) f cription: from edule A/B: 16 | \$10.00 | \$\frac{10.00}{100\% of fair market value, up to any applicable statutory limit | 2329.66(A)(3) |
| Brief desc Line | Huntington Bank (Checking Account) fription: from | \$ <u>110.00</u> | \$ 110.00 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(3) |
| Brief desc | | \$ | \$\$100% of fair market value, up to any applicable statutory limit | |
| Brief | edule A/B: f cription: from | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |
| Sche Brief desc Line | edule A/B: fription: from | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief desc | edule A/B: f cription: from | \$ | \$\$ 100% of fair market value, up to any applicable statutory limit | |
| Brief desc | edule A/B: feription: from | \$ | \$\$100% of fair market value, up to any applicable statutory limit | |
| Brief | cription: | \$ | \$\$ \$100% of fair market value, up to | |
| Sche Brief desc | from edule A/B: f cription: from | \$ | any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit | |
| Sche Brief | edule A/B: | \$ | \$\$100% of fair market value, up to | |
| | from edule A/B: | | any applicable statutory limit | |

| ebtor 1 Donna A Judson First Name Middle Name ebtor 2 Spouse, if filing) First Name Middle Name nited States Bankruptcy Court for the: Norther ase number know) Official Form 106D | Last Name Last Name The District of Ohio | | C | Check if this is |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|--------------------|
| ebtor 1 First Name Middle Name ebtor 2 Spouse, if filing) First Name Middle Name nited States Bankruptcy Court for the: Norther ase number know) | Last Name | | C | Check if this is |
| ebtor 2 Spouse, if filing) First Name Middle Name nited States Bankruptcy Court for the: Norther ase number know) | Last Name | | C | Check if this is |
| nited States Bankruptcy Court for the: Norther ase number know) | | | С | Check if this is |
| ase number know) | n District of Ohio | | C | Check if this is |
| ase number know) | | | C | Check if this is |
| know) | | | L | I Check if this is |
| <u></u> | | | | an amended |
| Official Form 106D | | | | filing |
| Official Form 106D | | | | |
| Official Form 106D | | | | |
| | | | | |
| chedule D: Creditors | Who Have Claims Secure | d by Pro | ertv | 12/15 |
| | | | | |
| | wo married people are filing together, both are eq Page, fill it out, number the entries, and attach it t | | | |
| our name and case number (if known). | | | - 10p 0: u.i.y u.u.i. | onal pages, miss |
| Oo any creditors have claims secured by yo | our property? | | | |
| No. Check this box and submit this form to | the court with your other schedules. You have nothing | else to report on tl | nis form. | |
| Yes. Fill in all of the information below. | | | | |
| | | | | |
| art 1: List All Secured Claims | | | | |
| List all secured claims. If a creditor has mo | re than one secured claim, list the creditor | Column A | Column B | Column C |
| | editor has a particular claim, list the other creditors in | Amount of | Value of | Unsecured |
| | alphabetical order according to the creditor's name. | claim Do not deduct the value | collateral that supports this | portion If any |
| _ | | of collateral. | claim | |
| | Describe the property that secures the claim: | \$ 13,856.00 | 15,697.00 | \$ 0.00 |
| Chrysler Capital | 2018 Dodge Journey - \$15,697.00 | | | ' |
| Creditor's Name | | | | |
| P.O. Box 961275 | | | | |
| Number Street | As of the date you file, the claim is: Check all | | | |
| Fort Worth TX 76161 City State ZIP Code | that apply. | | | |
| · · | | | | |
| ✓ Debtor 1 only | Disputed | | | |
| Debtor 2 only | | | | |
| | *** | | | |
| At least one of the debtors and another | secured car loan) | | | |
| Check if this claim relates to a | Statutory lien (such as tax lien, mechanic's lien) | | | |
| community debt | ☐ Judgment lien from a lawsuit | | | |
| community dest | | | | |
| Date debt was incurred 03/14/2020 | Other (including a right to offset) Last 4 digits of account number 1000 | | | |
| Who owes the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) | | | |

| | Describe the property that secures the claim: $$9,690.41$ | \$ <u>132,090.00</u> | \$ <u>0.00</u> |
|-----------------------------------------|--------------------------------------------------------------------------------------|----------------------|----------------|
| Wells Fargo Home Mortgage | 3142 Park Drive, Stow, OH 44224 - \$132,090.00 | | |
| Creditor's Name | | | |
| P.O. Box 14411 | | | |
| Number Street | As of the date you file, the claim is: Check all | | |
| Des Moines IA 50306 | that apply. | | |
| City State ZIP Code | Contingent | | |
| Who owes the debt? Check one. | Unliquidated | | |
| ✓ Debtor 1 only | ☐ Disputed | | |
| Debtor 2 only | | | |
| Debtor 1 and Debtor 2 only | Nature of lien. Check all that apply. | | |
| At least one of the debtors and another | An agreement you made (such as mortgage or secured car loan) | | |
| ☐ Check if this claim relates to a | Statutory lien (such as tax lien, mechanic's lien) | | |
| community debt | ☐ Judgment lien from a lawsuit | | |
| Date debt was incurred | Other (including a right to offset) | | |

Case number(if known)

\$ 23,546.41

Part 2: Lis

Donna A Judson

Debtor

List Others to Be Notified for a Debt That You Already Listed

Add the dollar value of your entries in Column A on this page. Write that number here:

Last Name

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Last 4 digits of account number 8089

| Fill ir | n this information to identify your case: | | |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Debt | or 1 Donna A Judson | | |
| | First Name Middle Name Last Na | me . | |
| Debte (Spo | use if filing) First Name | | |
| (- - | Middle Name | | |
| Unite | ed States Bankruptcy Court for the: Northern Distr | ict of Ohio | |
| Case | number | | ☐ Check if this is |
| (if kn | ow) | _ | an amended |
| | | | filing |
| | | | |
| Off | icial Form 106E/F | | |
| Sc | hedule E/F: Creditors W | ho Have Unsecured Claims | 12/15 |
| | | for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY | |
| other (Offici partial need, your n | party to any executory contracts or unexpired al Form 106A/B) and on Schedule G: Executory ly secured claims that are listed in Schedule D fill it out, number the entries in the boxes on the ame and case number (if known). | leases that could result in a claim. Also list executory contracts on <i>Sched</i> y Contracts and Unexpired Leases (Official Form 106G). Do not include an creditors Who Have Claims Secured by Property. If more space is needed be left. Attach the Continuation Page to this page. On the top of any addition | ule A/B: Property y creditors with ed, copy the Part you |
| Part | 1: List All of Your PRIORITY Unsecured Cla | ims | |
| | any creditors have priority unsecured claims a | against you? | |
| | No. Go to Part 2. | | |
| | Yes. | | |
| Part : | 2: List All of Your NONPRIORITY Unsecured | d Claims | |
| 4. Lis | Yes. Fill in all of the information below. st all of your nonpriority unsecured claims in the original of the priority unsecured claim, list the creditor separate. | t. Submit to the court with your other schedules. The alphabetical order of the creditor who holds each claim. If a creditor has ely for each claim. For each claim listed, identify what type of claim it is. Do not particular claim, list the other creditors in Part 3.If you have more than three nor | list claims already |
| | | | Total claim |
| 4.1 | | Last 4 digits of account number | + 0.040.00 |
| 4.1 | Capital One Nonpriority Creditor's Name | When was the debt incurred? 10/29/2012 | \$ 3,613.00 |
| | PO Box 31293 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Salt Lake City UT 84131 | Unliquidated | |
| | City State ZIP Code | ☐ Disputed | |
| | Who owes the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts Charles Consider Condit Cond Debt | |
| | Is the claim subject to offset? | ✓ Other. Specify Credit Card Debt | |
| | ✓ No | | |
| | Yes | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Capital One Bank c/o Lyons Doughty & | Last 4 digits of account number - When was the debt incurred? | \$ <u>3,556.</u> |
|-------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------|
| Nonpriority Creditor's Name | when was the dest meaned: | |
| Veldhuis | _ As of the date you file, the claim is: Check all that apply. | |
| 471 E. Burnel Church Floor 10 | Contingent | |
| 471 E. Broad Street, Floor 12 Number Street | _ Unliquidated | |
| Columbus OH 43215 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who owes the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ✓ Other. Specify | |
| Check if this claim relates to a community debt | | |
| Is the claim subject to offset? | | |
| ✓ No | | |
| Yes | | |
| Care Credit | Last 4 digits of account number 9897 | \$ 603. |
| Nonpriority Creditor's Name | — When was the debt incurred? | |
| P.O. Box 965052 | As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| Orlando FL 32896 | _ Unliquidated | |
| City State ZIP Code | Disputed | |
| Who owes the debt? Check one. | Type of NONDDIODITY uncoursed eleims | |
| Debtor 1 only | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| Check if this claim relates to a community debt | debts Other. Specify | |
| ls the claim subject to offset? | _ calcar speed, | |
| ☑ No | | |
| Yes | Last 4 digits of account number 1000 | |
| Chrysler Capital | - When was the debt incurred? 03/14/2020 | \$ <u>13,856</u> . |
| Nonpriority Creditor's Name | | |
| P.O. Box 961275 | _ As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| Fort Worth TX 76161 City State ZIP Code | _ Unliquidated | |
| Who owes the debt? Check one. | ☐ Disputed | |
| Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 2 only | Student loans | |
| Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| At least one of the debtors and another | that you did not report as priority claims | |
| | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim relates to a community | Other Specify Auto | |
| debt | ✓ Other. Specify Auto | |
| debt Is the claim subject to offset? | Unier. Specify Auto | |
| debt | Unier. Specify Auto | |

| Debtoi | Donna A Judson | Case number(if known) | |
|--------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------|
| | First Name Middle Name Last Name | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| 4.5 | City of Stow Water Department | Last 4 digits of account number 5607 | \$ <u>189.34</u> |
| | Nonpriority Creditor's Name | - When was the debt incurred? | |
| | 3760 Darrow Rd. | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Stow OH 44224 | Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. | Turns of MONDDIODITY unaccounted claims | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | No | | |
| | Yes | | |
| | | Last 4 digits of account number 0775 | |
| 4.6 | Comenity Bank c/o Jared | Last 4 digits of account number 9775 - When was the debt incurred? | \$ <u>593.70</u> |
| | Nonpriority Creditor's Name | when was the dept incurred? | |
| | P.O. Box 659728 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | ☐ Contingent | |
| | San Antonio TX 78265 | Unliquidated | |
| | City State ZIP Code | ☐ Disputed | |
| | Who owes the debt? Check one. | Turns of MONDDIODITY unaccounted claims | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans Obligations arising out of a congration agreement or diverse. | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.7 | | Last 4 digits of account number 8110 | |
| 4.7 | Comenity c/o Wayfair | - When was the debt incurred? | \$ 453.82 |
| | Nonpriority Creditor's Name | | |
| | P.O. Box 659617 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | San Antonio TX 78265 City State ZIP Code | _ Unliquidated | |
| | , | Disputed | |
| | Who owes the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community | Debts to pension or profit-sharing plans, and other similar debts | |
| | debt | ✓ Other. Specify | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
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| Debto | Donna A Judson | Case number(if known) | |
|-------|--------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------|
| | First Name Middle Name Last Name | | |
| | | Look A Politic of a constant to Book | |
| 4.8 | County of Summit Dept of Sanitary Sewer | Last 4 digits of account number 5606 | \$ 255.60 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | Services | As of the date you file, the claim is: Check all that apply. | |
| | CONTROL | Contingent | |
| | P.O. Box 1259 | | |
| | Number Street | Unliquidated | |
| | Akron OH 44309 | Disputed | |
| | City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| | , | Student loans | |
| | Who owes the debt? Check one. | | |
| | ✓ Debtor 1 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Debtor 2 only | Debts to pension or profit-sharing plans, and other similar | |
| | Debtor 1 and Debtor 2 only | debts | |
| | At least one of the debtors and another | ✓ Other. Specify | |
| | Check if this claim relates to a community | | |
| | debt | | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| | | 1 | |
| 4.9 | Credence Excellence Beyond Belief c/o | Last 4 digits of account number 1500 | \$ 76.18 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | American Medical Response | As of the date you file, the claim is: Check all that apply. | |
| | 7 THE HEALT WE GLOW THE SPONSE | | |
| | 17000 Dallas Parkway | Contingent | |
| | Number Street | Unliquidated | |
| | | Disputed | |
| | Suite 204 | Tune of NONDRIORITY unacquired alaims | |
| | Dallas TV 75040 | Type of NONPRIORITY unsecured claim: | |
| | Dallas TX 75248 | Student loans | |
| | City State ZIP Code | Obligations arising out of a separation agreement or divorce | |
| | Who owes the debt? Check one. | that you did not report as priority claims | |
| | ✓ Debtor 1 only | Debts to pension or profit-sharing plans, and other similar debts | |
| | Debtor 2 only | ✓ Other. Specify | |
| | Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | | |
| | Check if this claim relates to a community | | |
| | debt | | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| | | | |
| 4.10 | Credit One Bank | Last 4 digits of account number | \$ 2,735.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 04/28/2017 | |
| | 6801 S. Cimarron Road | As of the date way file the plains in Check all that apply | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Las Vegas NV 89113 | Unliquidated | |
| | City State ZIP Code | ☐ Disputed | |
| | Who owes the debt? Check one. | Towns of MONDPIODITY was a second of the | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community | Debts to pension or profit-sharing plans, and other similar debts | |
| | debt | ✓ Other. Specify | |
| | Is the claim subject to offset? | Officer, Specify | |
| | ✓ No | | |
| | Yes | | |
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| Debtor Donna A Judson First Name Middle Name Last Name | | Case number(if known) | |
|--------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------|
| | First Name Middle Name Last Name | | |
| 4 1 1 | | Last 4 digits of account number | + 500.00 |
| 4.11 | Credit One Bank Nonpriority Creditor's Name | - When was the debt incurred? 08/06/2020 | \$ <u>598.00</u> |
| | 6801 S. Cimarron Road | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Las Vegas NV 89113 | Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 only Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community | debts | |
| | debt Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.12 | Credit One Book | Last 4 digits of account number 6211 | \$ 326.29 |
| | Credit One Bank Nonpriority Creditor's Name | When was the debt incurred? | Ψ <u>320.23</u> |
| | P.O. Box 60500 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | City Of Industry CA 91716 | Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | ☐Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community | debts | |
| | debt Is the claim subject to offset? | Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.13 | Department of the Treasury | Last 4 digits of account number | \$ 15,697.55 |
| | Nonpriority Creditor's Name | - When was the debt incurred? 2008 | + ==,==== |
| | Internal Revenue Service | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Kansas City MO 64999 City State ZIP Code | _ Unliquidated | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts ✓ Other. Specify | |
| | Is the claim subject to offset? | G Calar. Opcony | |
| | ☑ No | | |
| | Yes | | |
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| Debtor | Donna A Judson | Case number(if known) | |
|--------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------|
| | First Name Middle Name Last Name | | |
| 111 | | Last 4 digits of account number | 4.157.00 |
| 4.14 | Empower Nonpriority Creditor's Name | When was the debt incurred? | \$ <u>457.80</u> |
| | P.O. Box 173764 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Denver CO 80217 | Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community | debts | |
| | debt Is the claim subject to offset? | Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.15 | GM Financial | Last 4 digits of account number 9467 | \$ 4,991.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | Ψ 4,001.00 |
| | P.O. Box 181145 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Arlington TX 76096 | _ Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | Other. Specify Auto | |
| | ✓ No | | |
| | Yes | | |
| 4.16 | GM Financial Leasing | Last 4 digits of account number 9467 | \$ 1,238.51 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | P.O. Box 78143 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Phoenix AZ 85062 City State ZIP Code | Unliquidated | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | ✓ Other. Specify | |
| | Is the claim subject to offset? | | |
| | ☑ No | | |
| | Yes | | |
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| Debtor | Donna A Judson | Case number(if known) | |
|--------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------|
| | First Name Middle Name Last Name | | |
| | | Last 4 digits of account number 6699 | |
| 4.17 | Huntington Bank | When was the debt incurred? unknown | \$ <u>Unknown</u> |
| | Nonpriority Creditor's Name | | |
| | 41 South High St. Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Columbus OH 43287 | ☐ Contingent Unliquidated | |
| | City State ZIP Code | ☐ Disputed | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts Other Specify Overdrawn Bank Account | |
| | Is the claim subject to offset? | ✓ Other. Specify Overdrawn Bank Account | |
| | ✓ No | | |
| | Yes | | |
| 4.18 | Kohle/Capital One | Last 4 digits of account number | \$ 434.00 |
| | Kohls/Capital One Nonpriority Creditor's Name | When was the debt incurred? 02/18/2018 | <u> 10 11.00</u> |
| | P.O. Box 3115 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Milwaukee WI 53201 | Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. | Time of NONDRIGRITY improving alaims | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: Student loans | |
| | Debtor 1 and Debtor 2 and | Obligations arising out of a separation agreement or divorce | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community | Debts to pension or profit-sharing plans, and other similar debts | |
| | debt | ✓ Other. Specify | |
| | Is the claim subject to offset? | | |
| | ☑ No | | |
| | Yes | | |
| 4.19 | SYNCB/ Amazon PLCC | Last 4 digits of account number | \$ 1,809.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 11/13/2014 | |
| | 4125 Windward Plaza | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Alpharetta GA 30005 City State ZIP Code | Unliquidated | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community | debts | |
| | debt Is the claim subject to offset? | Other. Specify Credit Card Debt | |
| | No | | |
| | Yes | | |
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| Debtor | Donna A Judson | Case number(if known) | |
|--------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------|
| | First Name Middle Name Last Name | | |
| 4.00 | | Last 4 digits of account number | |
| 4.20 | SYNCB/ Care Credit Nonpriority Creditor's Name | - When was the debt incurred? 10/22/2013 | \$ 928.00 |
| | P.O. Box 965036 | As of the date vary file the plains in Charle all that apply | |
| | Number Street | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Orlando FL 32896 | Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. | Type of NONDDIODITY unaccounted eleims | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: Student loans | |
| | Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community | Debts to pension or profit-sharing plans, and other similar debts | |
| | debt | ✓ Other. Specify Credit Card Debt | |
| | Is the claim subject to offset? | | |
| | ☑ No ☐ You | | |
| | Yes | Last 4 digits of account number 1299-1-7 | |
| 4.21 | The Gardens at Cuyahoga Falls | - When was the debt incurred? | \$ <u>16,163.00</u> |
| | Nonpriority Creditor's Name | | |
| | 45 Chart Road Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Cuyahoga Falls OH 44223 | Contingent | |
| | City State ZIP Code | Unliquidated Disputed | |
| | Who owes the debt? Check one. | □ Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts ✓ Other. Specify | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.22 | The Healthy Smile | Last 4 digits of account number 30938 | \$ <u>154.00</u> |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | 34586 Lakeshore Boulevard | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Eastlake OH 44095 City State ZIP Code | Unliquidated | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts ✓ Other. Specify | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | | |
| | Yes | | |
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| Debto | Donna A Judson First Name Middle Name Last Name | Case number(if known) | |
|-------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------|
| | . Not italie | | |
| | | Last 4 digits of account number 9088 | |
| 4.23 | Transworld Systems Inc. c/o Johnsons | - When was the debt incurred? | \$ <u>2,308.95</u> |
| | Nonpriority Creditor's Name | when was the dest modified. | |
| | Pharmaceutical Services | As of the date you file, the claim is: Check all that apply. | |
| | | ☐ Contingent | |
| | 500 Virginia Drive | _ Unliquidated | |
| | Number Street | Disputed | |
| | Suite 514 | Turns of NONDDIODITY unaccurred eleims | |
| | Fort Weshington DA 10034 | Type of NONPRIORITY unsecured claim: | |
| | Fort Washington PA 19034 City State ZIP Code | Student loans | |
| | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Who owes the debt? Check one. | Debts to pension or profit-sharing plans, and other similar | |
| | Debtor 1 only | debts | |
| | Debtor 2 only | Other. Specify | |
| | Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | | |
| | Check if this claim relates to a community debt | | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| | | Last 4 digits of account number 8805 | |
| 4.24 | Western Reserve Hospital | - When was the debt incurred? | \$ <u>Unknown</u> |
| | Nonpriority Creditor's Name | when was the dept incurred? | |
| | 1900 23rd Street | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | ☐ Contingent | |
| | Cuyahoga Falls OH 44223 | _ Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. | - ()(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0 | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community | debts | |
| | debt | ✓ Other. Specify | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| 4.25 | Western Reserve Hospital | Last 4 digits of account number 6698 | \$ 2,296.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 4/7/2021 | |
| | 1900 3rd St. | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Cuyahoga Falls OH 44223 | Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. | | |
| | ✓ Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | ☐ Check if this claim relates to a community | debts | |
| | debt | ✓ Other. Specify Medical Services | |
| | Is the claim subject to offset? | | |
| | ☑ No | | |
| | Yes | | |
| Part | 3: List Others to Be Notified About a Debt 1 | hat You Already Listed | |
| | | · | |
| | | ed about your bankruptcy, for a debt that you already listed in Parts 1 or 2 | |
| | | a debt you owe to someone else, list the original creditor in Parts 1 or 2, | |

Donna A Judson

collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Donna A Judson
First Name Midd Debtor

Last Name

Case number(if known)

| The Huntington National Bank | On which entry in Part 1 or Part 2 did you list the original creditor? |
|------------------------------|-----------------------------------------------------------------------------------|
| Creditor's Name | |
| 7 Easton Oval | Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | ✓Part 2: Creditors with Nonpriority Unsecured |
| Columbus OH 43219-6010 | |
| City State ZIP Code | |
| City State ZIP Code | Last 4 digits of account number 6699 |

Part 4: Add the Amounts for Each Type of Unsecured Claim

only. 28 U.S.C. § 159.

| | nounts of certain types of unsecured claims. This information is counts for each type of unsecured claim. | for statis | tical reporting purposes |
|-----------------------------|----------------------------------------------------------------------------------------------------------------|------------|--------------------------|
| | | | Total claim |
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ 0.00 |
| HOIH FAIL I | 6b. Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | Total claim |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ 0.00 |
| monit are 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 73,334.25 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ <u>73,334.25</u> |

| Fill in this | information to | identify your case | : | |
|---------------------------|------------------------|--------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1 | Donna A Jud | son | | |
| Deptor 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, i | f filing) First Name | Middle Name | Last Name | |
| United Sta | ates Bankruptcy (| Court for the: North | ern District of Ohio | |
| Case num | bor | | | ☐ Check if this is |
| (if know) | | | | an amended |
| (| | | | filing |
| Sche Be as comported info | plete and accura | Executor ate as possible. If the space is needed | two married people | are filing together, both are equally responsible for supplying al page, fill it out, number the entries, and attach it to this page. umber (if known). |
| 1. Do you | have any execu | tory contracts or | unexpired leases? | |
| ✓ No. C | theck this box an | d file this form with | the court with your o | ther schedules. You have nothing else to report on this form. |
| Yes. | Fill in all of the int | formation below eve | en if the contracts or | leases are listed on Schedule A/B: Property (Official Form 106A/B). |
| for (for | example, rent, v | | | e the contract or lease. Then state what each contract or lease is tructions for this form in the instruction booklet for more examples of |
| | | | | |

| Fill in this | information to | identify your case | : : |
|-----------------------|----------------------|-----------------------------------|-----------------------------|
| Debtor 1 | Donna A Jud | son | |
| | First Name | Middle Name | Last Name |
| | f filing) First Name | Middle Name Court for the: North | Last Na nern District of |
| Case num (if know) | ber | | |

Official Form 106H

Schedule H: Your Codebtors

12/15

Check if this is an amended filing

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. Do you have any codebtors? (If you are filing a No Yes | joint case | e, do not list either s | pouse as a codebtor.) |
|------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _ | o, Puerto | Rico, Texas, Washi | |
| 3. In Column 1, list all of your codebtors. Do not line 2 again as a codebtor only if that person is | include y s a guara | our spouse as a c ntor or cosigner. I | odebtor if your spouse is filing with you. List the person shown in Make sure you have listed the creditor on Schedule D (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill |
| Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| Riley Brown Name 145 N. River Road | | | Schedule D, line Schedule E/F, line 4.2 Schedule G, line |
| Street Munroe Falls | ОН | 44262 | _ |
| City | State | ZIP Code | |

| Fill in this information to | identify your case: | | | | | |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------|-----------------------|---------------------------------------------------|-----------------------------------------|
| Donna A | Judson | | | | | |
| Debtor 1 First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court | t for the: Northern District of Ohio | | | | | |
| Case number | | , | | Check if th | nis is: | |
| (If known) | | | | An ame | ended filing | |
| | | | | | lement showing post as of the following d | |
| Official Form 106I | | | | | D / YYYY | ate. |
| Schedule I: | Your Income | | | | | 12/15 |
| supplying correct informat If you are separated and you | ate as possible. If two married pe ion. If you are married and not fil our spouse is not filing with you, i. On the top of any additional pa mployment | ing jointly, and yo do not include inf | our spouse is formation ab | living with your spou | ou, include informatio use. If more space is n | n about your spouse. eeded, attach a |
| Fill in your employment | t | | | | | |
| information. | | Debtor 1 | | | Debtor 2 or non-fi | ling spouse |
| If you have more than on attach a separate page w | vith | | | | П | |
| information about additio employers. | nal Employment status | Employed Not employ | red | | Employed Not employed | |
| Include part-time, seasor | nal, or | , , | | | | |
| self-employed work. | Occupation | Clerk | | | | |
| Occupation may include or homemaker, if it applie | student | Accelerate | Consulting | Inc. | | |
| | Employer's name | | | | | |
| | Employer's address | 222 W. Las | Colinas B | lvd | | |
| | | Number Street 200N | | | Number Street | |
| | | | | | | |
| | | India a TV 7 | 75020 | | | |
| | | Irving, TX 7 | | Code | City | State ZIP Code |
| | How long employed the | ere? 7 months | | | | |
| 0 | - Al M | | | | | |
| | s About Monthly Income | | | | | |
| Estimate monthly incor spouse unless you are se | ne as of the date you file this for eparated. | m . If you have noth | ing to report f | or any line, wr | ite \$0 in the space. Incl | ude your non-filing |
| | pouse have more than one employ space, attach a separate sheet to t | | ormation for a | II employers fo | or that person on the line | es |
| 50.0 you | opaco, anaon a coparato encot to t | | Fo | Debtor 1 | For Debtor 2 or | |
| | | | | 202001 | non-filing spouse | |
| | ges, salary, and commissions (b monthly, calculate what the monthly | | 2. \$ | 2,730.00 | \$ | |
| 3. Estimate and list mont | thly overtime pay. | | 3. + \$ | 0.00 | + \$ | |
| 4. Calculate gross incom | e. Add line 2 + line 3. | | 4. \$ | 2,730.00 | \$ | |

page 1 Page 31 of 56 Official Form 106I Schedule I: Your Income

Donna A Judson

Middle Name Last Name Case number (if known)

| | | | Fo | r Debtor 1 | | For Debtor 2 or non-filing spou | | | | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|---------------|---------------------------------------|---------------------------------|-----------------------|-------------|-------------|-------|
| Co | py line 4 here | → 4. | \$_ | 2,730.00 | | \$ | | | | |
| 5. Lis | t all payroll deductions: | | | | | | | | | |
| 58 | a. Tax, Medicare, and Social Security deductions | 5a. | \$_ | 559.91 | | \$ | | | | |
| 5b | Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | | \$ | | | | |
| 50 | 2. Voluntary contributions for retirement plans | 5c. | \$_ | 0.00 | | \$ | | | | |
| 50 | Required repayments of retirement fund loans | 5d. | \$_ | 0.00 | | \$ | | | | |
| 56 | e. Insurance | 5e. | \$_ | 0.00 | | \$ | | | | |
| 5f | Domestic support obligations | 5f. | \$_ | 0.00 | | \$ | | | | |
| 50 | g. Union dues | 5g. | \$_ | 0.00 | | \$ | | | | |
| 5h | n. Other deductions. Specify: | 5h. | +\$_ | 0.00 | | + \$ | | | | |
| | | | \$_ | | | \$ | | | | |
| _ | | | \$_ | | | \$ | | | | |
| | | | \$_ | | | \$ | | | | |
| 6. A | dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$_ | 559.91 | | \$ | | | | |
| 7. C a | alculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 2,170.09 | | \$ | | | | |
| | st all other income regularly received: | | | | | | | | | |
| 88 | Net income from rental property and from operating a business, profession, or farm | | | | | | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$_ | 0.00 | | \$ | | | | |
| 81 | p. Interest and dividends | 8b. | \$_ | 0.00 | | \$ | | | | |
| 80 | Family support payments that you, a non-filing spouse, or a dependent regularly receive | ent | | | | | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$_ | 0.00 | | \$ | | | | |
| | d. Unemployment compensation | 8d. | \$_ | 0.00 | | \$ | | | | |
| 86 | e. Social Security | 8e. | \$_ | 1,964.70 | | \$ | | | | |
| 81 | f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | nce 8f. | \$_ | 0.00 | | \$ | | | | |
| Ω | g. Pension or retirement income | 8g. | • | 0.00 | | • | | | | |
| • | • | | Φ_ | | | Φ | | | | |
| 81 | n. Other monthly income. Specify: | 8h. | + \$_ | 0.00 | | +\$ | | | | |
| 9. A | dd all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$_ | 1,964.70 | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡ | \$ | | _ | | |
| | Iculate monthly income. Add line 7 + line 9. d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10 | \$_ | 4,134.79 | + | \$ | | = \$_ | 4,134. | 79 |
| Inc frie | ate all other regular contributions to the expenses that you list in <i>Sche</i> clude contributions from an unmarried partner, members of your household, ends or relatives. | your c | lepend | | | • | | | | |
| | not include any amounts already included in lines 2-10 or amounts that are ecify: | | | e to pay expe | nses | s listed in <i>Schedu</i> | le J. 11. + | - \$ | 0. | 00 |
| | Id the amount in the last column of line 10 to the amount in line 11. The | | | e combined m | onth | lv income. | | _ | | |
| | rite that amount on the Summary of Your Assets and Liabilities and Certain | | | | | - | 12. | | 4,134. | |
| Ŀ | you expect an increase or decrease within the year after you file this No. Yes. Explain: | form? | ? | | | | | mo | onthly inco | OIIIE |

Official Form 106I Schedule I: Your Income page 2

| Fill in this information to identify | your case: | | | | |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------|----------|--------------------|---------------------------------------------------------|
| Debtor 1 Donna A Judson First Name | Middle Name Last Name | Check if thi | s is: | | |
| Debtor 2 | | An ame | nded fil | ina | |
| (Spouse, if filing) First Name | Middle Name Last Name Northern District of Ohio | | | • | etition chapter 13 |
| United States Bankruptcy Court for the: | | State) expense | es as o | f the following | date: |
| Case number (If known) | | MM / DD | / YYYY | | |
| Official Form 106J | | | | | |
| Schedule J: You | ur Expenses | | | | 12/15 |
| information. If more space is neede (if known). Answer every question. | | | - | | - |
| Part 1: Describe Your Hou | senoia | | | | |
| 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a s No Yes. Debtor 2 must file | separate household? e Official Form 106J-2, <i>Expenses for</i> S | Separate Household of Debtor 2. | | | |
| 2. Do you have dependents? | ✓ No | · | | | |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | | | | | No Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | ✓ _{No} Yes | | | | |
| Part 2: Estimate Your Ongoi | ng Monthly Expenses | | | | |
| expenses as of a date after the bar applicable date. | bankruptcy filing date unless you a kruptcy is filed. If this is a suppleman- | ental <i>Schedule J</i> , check the box | | - | |
| | l it on Schedule I: Your Income (Offi | | | Your exper | ises |
| 4. The rental or home ownership e any rent for the ground or lot. | expenses for your residence. Include | first mortgage payments and | 4. | \$ | 960.00 |
| If not included in line 4: | | | | | 0.00 |
| 4a. Real estate taxes | | | 4a. | \$ | 0.00 |
| 4b. Property, homeowner's, or r | enter's insurance | | 4b. | \$ | |
| 4c. Home maintenance, repair, | | | 4c. | \$ | 100.00 |
| 4-l Hamasumar's association of | condominium duos | | 4 -1 | r r | () ()() |

Official Form 106J Schedule J: Your Expenses page 1

irst Name Middle Name Last Name

Case number (if known)_____

| | | | Your ex | penses |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|--------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 448.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 70.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 210.00 |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | 600.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 150.00 |
| 10. | Personal care products and services | 10. | \$ | 190.00 |
| 11. | Medical and dental expenses | 11. | \$ | 370.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 320.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 164.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 39.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 6. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 100.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 356.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e Homeowner's association or condominium dues | 20e | \$ | 0.00 |

Official Form 106J

| Debtor 1 | Donna A | ludson | | Case number (if known)_ |
|----------|------------|-------------|-----------|-------------------------|
| | First Name | Middle Name | Last Name | |

21. Other. Specify:____ 0.00 22. Calculate your monthly expenses. 4,127.00 22a. Add lines 4 through 21. 22a. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a 22b. 4,127.00 and 22b. The result is your monthly expenses. 22c. 23. Calculate your monthly net income. 4,134.79 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. 4,127.00 23b. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. 7.79 The result is your monthly net income. 23c 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. ☐ Yes. Explain here:

| Fill in this in | formation to ider | ntify your case: | | |
|-----------------------------------------|----------------------|-------------------------------|-----------|--|
| Debtor 1 | Donna A Juds | SON Middle Name | Leat News | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States I Case number (If known) | Bankruptcy Court for | the Northern District of Ohio | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| No | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| Yes. Name of person | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119). |
| | |
| | |
| | |
| | |
| der penalty of perjury, I declare that I h | ave read the summary and schedules filed with this declaration and |
| | nave read the summary and schedules filed with this declaration and |
| der penalty of perjury, I declare that I h t they are true and correct. | ave read the summary and schedules filed with this declaration and |
| | ave read the summary and schedules filed with this declaration and |
| | nave read the summary and schedules filed with this declaration and |

| ebtor 1 | Donna A Judso | n | | | |
|-------------------------------------------------------------------|----------------|-------------|-----------|--|--|
| CDIOI 1 | First Name | Middle Name | Last Name | | |
| ebtor 2 | | | | | |
| Spouse, if fili | ng) First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Northern District of Ohio | | | | | |
| ase number f know) | - | | | | |
| KIIOW) | | | | | |

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach

4/19

Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? ✓ Not married 2. During the last 3 years, have you lived anywhere other than where you live now? Yes. List all of the places you lived in the last 3 years. Do not include where you live now. 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) ✓ No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H) Part 2: **Explain the Sources of Your Income** 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply Check all that apply (before deductions (before deductions and exclusions) and exclusions) From January 1 of current year until the date ✓ Wages, ■ Wages, \$ 22,400.00 you filed for bankruptcy: commissions, commissions, bonuses, tips bonuses, tips Operating a business Operating a business For last calendar year: ✓ Wages, ☐ Wages, \$ 6,511.62 commissions, commissions, (January 1 to December 31, 2020 bonuses, tips bonuses, tips Operating a business Operating a business For the calendar year before that: ✓ Wages, Wages, \$ Unknown commissions, commissions, (January 1 to December 31, 2019 bonuses, tips bonuses, tips Operating a business Operating a business

| Debtor | Donna A Judson First Name Middle Na | ame Last Name | | Case number(if kn | own) |
|-----------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------|
| | FIRST NAME MIDDLE NA | ame Last Name | | | |
| Include unemp | e income regardless on the ployment, and other pumbling and lottery wi | income during this year or the of whether that income is taxable. ublic benefit payments; pensions; nnings. If you are filing a joint case | Examples of other income are rental income; interest; dividen | alimony; child support; Social Sed ds; money collected from lawsuit | s; royalties; |
| List ea | ch source and the gro | oss income from each source sep | arately. Do not include income | that you listed in line 4. | |
| ☐ No ✓ Yes | s. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| curren | January 1 of t year until the ou filed for uptcy: | Social Security | \$ 19,647.00 | | |
| | t calendar year: | Social Security | \$ 22,509.00 | | |
| (Janua 31, <u>20</u> | ry 1 to December 20_ | Great West Trust Co. | \$ 7,550.00 | | |
| | | Great West Trust Co. | \$ 4,691.95 | | |
| For the before | e calendar year that: | Social Security | \$ 18,400.00 | | |
| (Janua 31, 20 | ry 1 to December 19 | | | | |
| 01, <u>10</u> | _ | | | | |
| Part 3: | List Certain Payn | nents You Made Before You File | ed for Bankruptcy | | |
| 6. Are ei | ther Debtor 1's or D | ebtor 2's debts primarily consu | mer debts? | | |
| ☐ No. | | or Debtor 2 has primarily consuividual primarily for a personal, far | | are defined in 11 U.S.C. § 101(8) | as |
| | During the 90 days | before you filed for bankruptcy, di | id you pay any creditor a total c | of \$6,825* or more? | |
| | No. Go to line 7 | | | | |
| | the total amount | each creditor to whom you paid a t you paid that creditor. Do not inc and alimony. Also, do not include | lude payments for domestic su | pport obligations, such | |
| | * Subject to adjustn | nent on 4/01/22 and every 3 years | after that for cases filed on or | after the date of adjustment. | |
| ✓ Yes | | or 2 or both have primarily cons s before you filed for bankruptcy, o | | of \$600 or more? | |
| | ✓ No. Go to line | 7. | | | |
| | creditor. D | veach creditor to whom you paid a Do not include payments for dome Also, do not include payments to a | stic support obligations, such a | s child support and | |
| include corpor agent, | e your relatives; any g ations of which you a | iled for bankruptcy, did you ma general partners; relatives of any g re an officer, director, person in co usiness you operate as a sole pro limony. | general partners; partnerships o ontrol, or owner of 20% or more | of which you are a general partner of their voting securities; and an | ; y managing |
| ✓ No. | s. List all payments to | an insider. | | | |
| | | iled for bankruptcy, did you ma | ke any payments or transfer | any property on account of a d | ebt that benefited an |
| inside | r? | guaranteed or cosigned by an ins | | | |
| ✓ No. | | | | | |
| Ye: | s. List all payments th | at benefited an insider. | | | |

Debtor

Donna A Judson
First Name Middle Name

Case number(if known)

| Part 4: Identify Legal Actions, Reposse | essions, and Foreclosures | | |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------|
| | | rsuit, court action, or administrative proceeding? orces, collection suits, paternity actions, support or c | |
| □ No | | | |
| Yes. Fill in the details. | | | |
| | Nature of the case | Court or agency | Status of the |
| | | | case |
| Case title: | | | Pending |
| Capital One Bank (USA) NA v. | Collection; Date filed: 05/20/2020 | Stow Municipal Court | On appeal |
| Donna A Judson Case number: 2020CVF00428 | 555-25-25 | Court Name | Concluded |
| | | 4400 Courthouse Boulevard Number Street | |
| | | Stow OH 44224 | |
| | | City State ZIP Code | |
| Yes. Fill in the information below. L.Within 90 days before you filed for bankfrom your accounts or refuse to make a | | ng a bank or financial institution, set off any amo | unts |
| ✓ No | a payment because you owed a de | eut. | |
| Yes. Fill in the details | | | |
| Within 1 year before you filed for bankre creditors, a court-appointed receiver, a | | n the possession of an assignee for the benefit o | of |
| | custodian, or another official: | | |
| ✓ No ☐ Yes | | | |
| | | | |
| Part 5: List Certain Gifts and Contribut | tions | | |
| 3.Within 2 years before you filed for bank | ruptcy, did you give any gifts wit | h a total value of more than \$600 per person? | |
| ✓ No | 1 3/ 3 3 3 3 | | |
| Yes. Fill in the details for each gift. | | | |
| / Within 2 years before you filed for hank | cruntov, did vou give any gifts or a | contributions with a total value of more than \$60 | 0 to any charity? |
| _ | auptoy, and you give any gints of t | contributions with a total value of more than 400 | o to any charity: |
| ✓ No Yes. Fill in the details for each gift or co | ntribution. | | |
| Too. I iii iii tile detaile for each gilt or ea | Tuributori. | | |
| Part 6: List Certain Losses | | | |
| 5.Within 1 year before you filed for bankri gambling? | uptcy or since you filed for bankr | uptcy, did you lose anything because of theft, fi | e, other disaster, or |
| ✓ No | | | |
| Yes. Fill in the details. | | | |
| | | | |
| Part 7: List Certain Payments or Trans | fers | | |
| | | | |
| anyone you consulted about seeking ba | uptcy, did you or anyone else act ankruptcy or preparing a bankrup | ring on your behalf pay or transfer any property to toy petition? ncies for services required in your bankruptcy. | о |
| anyone you consulted about seeking ballinclude any attorneys, bankruptcy petition No | uptcy, did you or anyone else act ankruptcy or preparing a bankrup | otcy petition? | 0 |
| anyone you consulted about seeking ba Include any attorneys, bankruptcy petition | uptcy, did you or anyone else act ankruptcy or preparing a bankrup | otcy petition? | о |
| anyone you consulted about seeking ballnclude any attorneys, bankruptcy petition No | uptcy, did you or anyone else act ankruptcy or preparing a bankrup | otcy petition? | o |

| Debtor | Donna A | Judson | | |
|--------|------------|-------------|-----------|--|
| Debioi | Circt Name | Middle Neme | Lost Nome | |

Case number(if known)

| | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------|--|--|--|--|--|
| Ronald L. Cappellazzo Person Who Was Paid 122 Broad Blvd., Fl. #3 Number Street Cuyahoga Falls OH 44221 City State ZIP Code Email or website address | \$1,200.00 attorney fees and \$338.00 expenses | | \$ <u>1,200.00</u> \$ <u>1,200.00</u> | | | | | |
| Person Who Made the Payment, if Not You | | | | | | | | |
| 17.Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. ☑ No ☐ Yes. Fill in the details. 18.Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ☑ No ☐ Yes. Fill in the details. 19.Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) | | | | | | | | |
| ✓ No ☐ Yes. Fill in the details. | | | | | | | | |
| Part 8: List Certain Financial Accounts, Instrur | nents, Safe Deposit Boxes, and Storage Units | | | | | | | |
| closed, sold, moved, or transferred? | ere any financial accounts or instruments held in your nan her financial accounts; certificates of deposit; shares in ba s, associations, and other financial institutions. | | | | | | | |
| 21.Do you now have, or did you have within 1 year securities, cash, or other valuables? ☑ No ☐ Yes. Fill in the details. | before you filed for bankruptcy, any safe deposit box or o | ther depository for | | | | | | |
| 22.Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy ☑ No ☐ Yes. Fill in the details. | | | | | | | | |
| Part 9: Identify Property You Hold or Control fo | or Someone Else | | | | | | | |
| 23.Do you hold or control any property that some or hold in trust for someone. No | one else owns? Include any property you borrowed from, a | re storing for, | | | | | | |
| Yes. Fill in the details. | | | | | | | | |
| Part 10: Give Details About Environmental Info | rmation | | | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium,

| Debtor | Donna A Judson | | | Case number(if known) |
|--------|----------------|-------------|-----------|-----------------------|
| | First Name | Middle Name | Last Name | |

including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24.Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? ✓ No Yes. Fill in the details. 25.Have you notified any governmental unit of any release of hazardous material? ✓ No Yes. Fill in the details. 26.Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. Part 11: **Give Details About Your Business or Connections to Any Business** 27.Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation ✓ No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. 28.Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

Debtor

 Donna A Judson
 Case number(if known)

 First Name
 Middle Name

 Last Name

| Part 12: Sign Below | |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| answers are true and correct. I underst | ent of Financial Affairs and any attachments, and I declare under penalty of perjury that the and that making a false statement, concealing property, or obtaining money or property by fraud can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. |
| ✗ /s/ Donna A Judson | <u> </u> |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date <u>10/15/2021</u> | Date |
| Did you pay or agree to pay someone | who is not an attorney to help you fill out bankruptcy forms? |
| ✓ No | |
| | Attach the Bankruptcy Petition Preparer's Notice, |

| Fill in this information to identify your case: | | | | | | |
|-------------------------------------------------|------------------|--------------------------|-------------|--|--|--|
| Debtor 1 | Donna A Judso | n | | | | |
| 20510. 1 | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing | ng) First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court | for the: Northern Distri | ict of Ohio | | | |
| Case number (if known) | | | | | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| For any creditors that you listed in Part 1 of Schedule D: Cre below. | : Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the inf | | | | |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|--|--|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | | | |
| Creditor's name: Chrysler Capital Description of 2018 Dodge Journey property securing debt: | □ Surrender the property. □ Retain the property and redeem it. ☑ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No ☑ Yes | | | |
| Creditor's name: Wells Fargo Home Mortgage Description of 3142 Park Drive property securing debt: | ☐ Surrender the property. ☐ Retain the property and redeem it. ☑ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | □ No ☑ Yes | | | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases Will the lease be assumed?

| Debtor | Donna A Judson | Case number(if known) | |
|--------|----------------|-----------------------|--|
| | | | |

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

| × | /s/ Donna A Judson | × | |
|---|-----------------------|---|-----------------------|
| | Signature of Debtor 1 | | Signature of Debtor 2 |
| | | | |

Date 10/15/2021 MM/DD/YYYY

| Fill | in this i | nformation to identify y | our case: | | | Check one box of | only as directed in this fo | orm and in |
|--------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------|
| Debt | or 1 | Donna A Judson | | | | Form 122A-1Sup | pp: | |
| | | First Name | Middle Name | Last Name | | 1. There is no | presumption of abuse. | |
| | use, if filing) | First Name Bankruptcy Court for the: No. | Middle Name orthern District of Ohio | Last Name | | abuse appli | tion to determine if a prest es will be made under Cha Calculation (Official Form | apter 7 |
| Case (If kn | number | | | _ | | ☐ 3. The Means | Test does not apply now I | pecause of |
| (II KII | OWII) | | | | | qualified mil | litary service but it could a | pply later. |
| | | | | | | ☐ Check if this | is an amended filing | |
| Offi | cial f | orm 122A—1 | | | | | | |
| Ch | apte | er 7 Statemo | ent of Your | Curre | ent Mont | hly Income | • | 04/20 |
| additi do no Abuse | onal pa It have p e <i>Under</i> | ges, write your name ar | nd case number (if kn ts or because of qual rm 122A-1Supp) with | nown). If you lifying milita this form. | believe that yo | u are exempted from a | mation applies. On the t a presumption of abuse l nt of Exemption from Pro | because you |
| 1. | What is | your marital and filing | status? Check one or | nlv. | | | | |
| | | : married. Fill out Column | | | | | | |
| | | rried and your spouse i | | out both Colu | mns A and B, line | es 2-11. | | |
| | ☐ Mai | rried and your spouse i | s NOT filing with you | . You and yo | our spouse are: | | | |
| | | Living in the same ho | usehold and are not l | egally separ | rated. Fill out bot | h Columns A and B, line | es 2-11. | |
| | | | that you and your spo | ouse are lega | lly separated und | ler nonbankruptcy law t | By checking this box, you hat applies or that you and S.C. § 707(b)(7)(B). | |
| | bankru August Fill in th | 31. If the amount of your | 01(10A). For example monthly income varied any income amount mo | , if you are fild during the 6 ore than once | ing on Septembe 6 months, add the e. For example, if | er 15, the 6-month period e income for all 6 month both spouses own the s | d would be March 1 throughs and divide the total by 6 same rental property, put t | i. |
| | | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | | ross wages, salary, tips all payroll deductions). | , bonuses, overtime, | and commis | ssions | \$ <u>2,441.67</u> | \$0.00 | |
| 3. | | y and maintenance pay n B is filled in. | ments. Do not include | payments fr | om a spouse if | \$ <u>0.00</u> | \$0.00 | |
| 4. | of you from an and roo | ounts from any source vor your dependents, independents, independents, memorammentes. Include regular Do not include payments. | cluding child support bers of your household contributions from a sp | t. Include regi d, your deper | ular contributions ndents, parents, | | \$ <u>0.00</u> | |
| 5. | | ome from operating a b | ousiness, profession, | Debtor 1 | Debtor 2 | | | |
| | or farm Gross r | ı eceipts (before all deduc | tions) | \$0.00 | \$0.00 | | | |
| | | y and necessary operatir | , | - \$ <u>0.00</u> | - \$ <u>0.00</u> | | | |
| | | nthly income from a busin | ess, profession, or | \$ 0.00 | \$0.00 | Copy here → 9.00 | \$0.00 | |
| 6. | | come from rental and ot eceipts (before all deduc | | Debtor 1 \$ 0.00 | Debtor 2 \$0.00 | | | |
| | Ordinar | y and necessary operatir | ng expenses | - \$ <u>0.00</u> | - \$ <u>0.00</u> | | | |
| | Net mo | nthly income from rental | or other real property | \$ | \$0.00 | Copy here → \$ 0.00 | \$0.00 | |

\$<u>0.00</u>

7. Interest, dividends, and royalties

\$0.00

| D۵ | htor | 1 | |
|----|------|---|--|

Donna A Judson
First Name Middle Name

| irst Name | Middle |
|-----------|--------|

Last Name

Case number (if known)_

| | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------|------------------------------------------|
| 8. | Unemployment compensation | | \$ 0.00 | \$ 0.00 | |
| | Do not enter the amount if you contend that the amount runder the Social Security Act. Instead, list it here: | Ψ | | · · · · · · · · · · · · · · · · · · · | |
| | For you | | | | |
| | For your spouse | | | | |
| 9. | Pension or retirement income. Do not include any amount benefit under the Social Security Act. Also, except as state not include any compensation, pension, pay, annuity, or a States Government in connection with a disability, combardeath of a member of the uniformed services. If you receil under chapter 61 of title 10, then include that pay only to exceed the amount of retired pay to which you would other under any provision of title 10 other than chapter 61 of the | ted in the next sentence, do allowance paid by the United trelated injury or disability, or ved any retired pay paid the extent that it does not erwise be entitled if retired | \$ <u></u> 0.00 | \$ <u>0.00</u> | |
| 10 | Income from all other sources not listed above. Speci | • | | | |
| | not include any benefits received under the Social Securi the Federal law relating to the national emergency declar | | | | |
| | National Emergencies Act (50 U.S.C. 1601 et seq.) with r | - | | | |
| | disease 2019 (COVID-19); payments received as a victim | | | | |
| | against humanity, or international or domestic terrorism; or pay, annuity, or allowance paid by the United States Government. | • | | | |
| | disability, combat-related injury or disability, or death of a | | | | |
| | necessary, list other sources on a separate page and put | the total below. | | | |
| | | | \$ 0.00 | \$ 0.00 | |
| | | | \$ 0.00 | \$ 0.00 | |
| | Total amounts from congrete pages if any | | + \$ 0.00 | + \$ 0.00 | |
| | Total amounts from separate pages, if any. | | | · | 1 |
| 11. | Calculate your total current monthly income. Add line column. Then add the total for Column A to the total for C | | \$ <u>2,441.67</u> | + \$ 0.00 | = \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| Pa | ort 2: Determine Whether the Means Test App | lies to You | | | monthly income |
| 12. | Calculate your current monthly income for the year. F | | | | 0.0.444.07 |
| | 12a. Copy your total current monthly income from line 1 | 1 | | Copy line 11 here | \$ <u>2,441.67</u> |
| | Multiply by 12 (the number of months in a year). | | | | x 12 |
| | 12b. The result is your annual income for this part of the | form. | | 12b. | \$_29,300.04 |
| 13. | Calculate the median family income that applies to yo | ou. Follow these steps: | | | |
| | Fill in the state in which you live. | ОН | | | |
| | Fill in the number of needs in your bounded | 4 | | | |
| | Fill in the number of people in your household. | 1 | | | |
| | Fill in the median family income for your state and size of | household | | 13 | _{\$_} 52,415.00 |
| | To find a list of applicable median income amounts, go or instructions for this form. This list may also be available a | nline using the link specified in t | | | |
| 14. | How do the lines compare? | | | | |
| | 14a. Line 12b is less than or equal to line 13. On the Go to Part 3. Do NOT fill out or file Official Form | top of page 1, check box 1, <i>The</i> 1 122A-2. | ere is no presump | tion of abuse. | |
| | 14h Line 12h is more than line 13. On the top of page | e 1 check hox 2 The presumpt | tion of ahuse is de | etermined by Form 122∆ | 1-2 |

Go to Part 3 and fill out Form 122A-2.

| De | btor | 1 |
|----|------|---|

Donna A Judson
First Name Middle Name Last Name

Case number (if known)

| Part 3: Sign Below |
|--------------------|
|--------------------|

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

✗ /s/ Donna A Judson

Signature of Debtor 1

 $\mathsf{Date} \; \frac{10/15/2021}{\mathsf{MM} \; / \; \mathsf{DD} \; \; / \; \mathsf{YYYY}}$

X

Signature of Debtor 2

Date MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A–2 and file it with this form.

Capital One PO Box 31293 Salt Lake City, UT 84131

Capital One Bank (USA) NA c/o Lyons, Doughty & Veldhuis, PC 471 East Broad St., 12th Fl. Columbus, OH 43215

Capital One Bank c/o Lyons Doughty & Veldhuis 471 E. Broad Street, Floor 12 Columbus, OH 43215

Care Credit P.O. Box 965052 Orlando, FL 32896

Chrysler Capital P.O. Box 961275 Fort Worth, TX 76161

City of Stow Water Department 3760 Darrow Rd. Stow, OH 44224

Comenity Bank c/o Jared P.O. Box 659728 San Antonio, TX 78265

Comenity c/o Wayfair P.O. Box 659617 San Antonio, TX 78265

County of Summit Dept of Sanitary Sewer Servi P.O. Box 1259 Akron, OH 44309

Credence Excellence Beyond Belief c/o America 17000 Dallas Parkway Suite 204 Dallas, TX 75248

Credit One Bank 6801 S. Cimarron Road Las Vegas, NV 89113

Credit One Bank P.O. Box 60500 City Of Industry, CA 91716

Department of the Treasury Internal Revenue Service Kansas City, MO 64999

Empower P.O. Box 173764 Denver, CO 80217

GM Financial P.O. Box 181145 Arlington, TX 76096 GM Financial Leasing P.O. Box 78143 Phoenix, AZ 85062

Huntington Bank 41 South High St. Columbus, OH 43287

Kohls/Capital One P.O. Box 3115 Milwaukee, WI 53201

Riley Brown 145 N. River Road Munroe Falls, OH 44262

SYNCB/ Amazon PLCC 4125 Windward Plaza Alpharetta, GA 30005

SYNCB/ Care Credit P.O. Box 965036 Orlando, FL 32896

The Gardens at Cuyahoga Falls 45 Chart Road Cuyahoga Falls, OH 44223

The Healthy Smile 34586 Lakeshore Boulevard Eastlake, OH 44095

The Huntington National Bank 7 Easton Oval Columbus, OH 43219-6010

Transworld Systems Inc. c/o Johnsons Pharmace 500 Virginia Drive Suite 514 Fort Washington, PA 19034

Wells Fargo Home Mortgage P.O. Box 14411 Des Moines, IA 50306

Western Reserve Hospital 1900 23rd Street Cuyahoga Falls, OH 44223

Western Reserve Hospital 1900 3rd St. Cuyahoga Falls, OH 44223

United States Bankruptcy Court Northern District of Ohio

| In re: Donna A Judson | Case No. |
|---------------------------------------------------------------------------|---------------------------------------------------------|
| Debtor(s) | Chapter 7 |
| Verification | of Creditor Matrix |
| The above-named Debtor(s) here true and correct to the best of their know | by verify that the attached list of creditors is ledge. |
| Date:10/15/2021 | /s/ Donna A Judson Signature of Debtor |
| | Signature of Joint Debtor |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chap | ter 7: | : Li | iqui | datior | 1 |
|------|--------|------|------|--------|---|
| | | | | | |

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$78 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law.

Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Notice Required by 11 U.S.C. U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

page 3

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition* for *Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/servicesforms/bankruptcy/credit-counseling-anddebtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court

Northern District of Ohio

| Iı | re Donna A Judson | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| | Case No | _ |
| D | btor Chapter 7 | |
| | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | of |
| <u>F</u> | <u>AT FEE</u> | |
| | For legal services, I have agreed to accept | |
| | Prior to the filing of this statement I have received | |
| | Balance Due | |
| R | ETAINER | |
| | For legal services, I have agreed to accept a retainer of | |
| | The undersigned shall bill against the retainer at an hourly rate of\$ | |
| | [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer. | |
| 2. | The source of the compensation paid to me was: | |
| | Debtor Other (specify) | |
| 3. | The source of compensation to be paid to me is: | |
| | Debtor Other (specify) | |
| 4. | I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | |
| | I have agreed to share the above-disclosed compensation with a other person or persons who not members or associates of my law firm. A copy of the Agreement, together with a list of the names the people sharing the compensation is attached. | ; |
| 5. | In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required; | |

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any

adjourned hearings thereof;

| B2030 (Form 2030) (12/15) |
|------------------------------------------------------------------------------------------------------------------------------|
| d. [Other provisions as needed] review of case, filing of bankruptcy |
| review of case, filing of bankruptcy |
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| 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: |
| 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: any other legal matters |
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CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/15/2021 /s/ Ronald Cappellazzo, 0042510

Date

Signature of Attorney

Owings Law, LLC

Name of law firm 122 Broad Blvd. Suite 300 Cuyahoga Falls, OH 44221 3308004705 ron@ldowingslaw.com